

Date Received

Total Paid \$\_\_\_

## **Northampton Parks & Recreation**

## Parent & Child Pre-K Basketball



		Co-	ed Teams				
Day: S Dates: S Time: S Fee: S	Parents & Children, Pre-K 4 to 5 year old Boys & Girls (must be 4 by December 31, 2017) Saturday Mornings January 6 – February 10, 2018 [6 sessions] 9:00am or 10:00am, may vary each week \$42 if registered prior to 11/9, \$47 after, Non-Residents add \$10 (includes youth team t-shirt) Gym at Jackson Street School or other Northampton School						
parents who war needed to partic sport while b who are able	nt to help their child to deve ipate in organized basketb uilding the participants con	elop basic baske all. The program ifidence. This co essions togethe Limit 30 pare	tball skills; such a i is designed to te operative prograr er. Registration ont/child registra	as <i>shooti</i> each pare m is oper includes ations	ng, dribbli ents and c n to childre s one pare	ective of the program is to aid ng, defense, and agility that are hildren the fundamentals of the en and parents or guardians ent/guardian and one child.  100 A Bridge Road,	
Mono	day through Friday, 8:30a III the Parks & Recreati	ım-4:30pm, or y	ou may drop the	e form th	rough th	e 24 hour mailbox.	
Child's Name—first & last		2017/2018 Pre-K Youth Bas Gender M/F Date of Birth		Age Grade		School	
				8			
PARENT/GUARDIAN Pare		nt 1/Guardian		Parent 2/Guardian (complete if any field is different)			
First & Last Name							
Street Address							
City or Town							
Zip Code							
Home Phone #							
Mobile Phone #							
Work Phone #							
Email Address							
Special Comments (allergies, requests, to be no	ted, etc.)						
Coaches are NE parents/child	EDED! Are you interested in ren team drills. All Coaches	n being a coach?	OACHES ** Coaching the Prewith a suggested a	-K team e	entails lead	ling the program and organizing 6 session program structure	
Coaches Name:		H		Cell #			
Email Address:							
<u>Fee</u> : \$42 prid			add \$10 n Parks & Recreat			CLOSED: \$	
Name on card: Signature of Card Hol	der	Card #	Card # Expiration:  Charge my (please circle): Visa MasterCard Discover				

For Office Use:

RecTrac Entered

Staff Initials

\_\_ Cash/Check/Charge RCVD By \_